



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

DECKER

Serial No.: 10/044,098

Filed: January 11, 2002

Atty. File No.: 4803-1

For: "MOTORCYCLE STAND"

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313

Dear Sir:

Applicant, through his attorneys, respectfully petitions for an extension of time under 37 CFR § 1.136(a) of three (3) months to respond to the Office Action mailed on July 14, 2004, with respect to the above-identified application, thereby extending the period for response from October 14, 2004, to January 14, 2005.

Enclosed is a check in the amount of \$510.00 as payment for the extension fee. Please credit any overpayment or debit any underpayment to Deposit Account No. 19-1970.

Respectfully submitted,

SHERIDAN ROSS P.C.

By:

Robert R. Brunelli

Registration No. 39,617

1560 Broadway, Suite 1200

Denver, Colorado 80202-5141

(303) 863-9700

Date:

6/13/05

06/16/2005 EFLORES 00000052 10044098

Adjustment Date: 12/13/2005 AKELLE \$10.00 OP
06/16/2005 EFLORES 00000052 10044098
01 FC:2253 -510.00 OP
Repln. Ref: 12/13/2005 AKELLEY 0009470000
DAH:191970 Name/Number:10044098
FC: 9204 \$510.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>12-12-05</u>		2 Serial/Patent # <u>10/044098</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/>	Filing		\$							
<input type="checkbox"/>	Amendment		\$							
<input checked="" type="checkbox"/>	Extension of Time		\$ 510							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND	\$ 510							
10 REASON:		8 TO BE REFUNDED BY:								
		<input type="checkbox"/> Treasury Check								
		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/>	Overpayment	9 <table border="1" style="display: inline-table; text-align: center;"> <tr><td>1</td><td>9</td><td>--</td><td>1</td><td>9</td><td>7</td><td>0</td></tr> </table>		1	9	--	1	9	7	0
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<input type="checkbox"/>	Duplicate Payment									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
<u>Late</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>F Hicks</u>		TITLE: <u>Pets Eye</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>X23218</u>								
OFFICE: <u>4700</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>12/13/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: